

**MDCH PIHP/CMHSP Physician Injectable Drug Coverage
for Beneficiaries Enrolled in Medicaid and County Health
Plans**

October 2006

PIHP/CMHSP physicians can only bill the Program directly for the following injectable drugs when administered through the PIHP/CMHSP clinic to beneficiaries enrolled in Medicaid and County Health Plans.

Procedure Code	Description	Fee Screen
J0170	Injection, adrenalin, epinephrine, up to 1 ml ampule	\$0.99
J0515	Injection, benztropine mesylate, per 1 mg	\$17.08
J1200	Injection, diphenhydramine HCL, up to 50 mg	\$0.73
J1630	Injection, haloperidol, up to 5 mg	\$2.24
J1631	Injection, haloperidol decanoate, per 50 mg	\$5.30
J2060	Injection, lorazepam, 2 mg	\$1.00
J2680	Injection, fluphenazine decanoate, up to 25 mg	\$1.21
J2794	Injection, risperidone, long acting, 0.5 mg	\$4.80
J3486	Injection, ziprasidone mesylate, 10 mg	\$5.05
*J3490	Unclassified drugs	\$0.01
S0166	Injection, olanzapine, 2.5 mg	\$5.06

*** For dates of service on or after 10-1-06, use J3490 to bill for naltrexone injection, extended release, 380 mg.**

For injectable drugs administered through the PIHP/CMHSP clinic to beneficiaries enrolled under fee-for-service Medicaid, refer to the Practitioner Database for covered drugs and fee screens.

11/16/2006